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## BIB DATA SHEET

CONFIRMATION NO. 3395

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.          |                     |                           |
|---|---|--|--|---------------------------------|---------------------|---------------------------|
| 10/591,587  | 10/23/2006  | 435  | 1633   | 2006_1477A                      |                     |                           |
| <b>RULE</b>   |   |  |  |                                 |                     |                           |
| <b>APPLICANTS</b><br>Shinichi Hirose, Fukuoka, JAPAN;<br>Sunao Kaneko, Aomori, JAPAN;<br>Motohiro Okada, Aomori, JAPAN;<br>Ryo Saito, Fukuoka, JAPAN; |   |  |  |                                 |                     |                           |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP05/03430 02/23/2005   |   |  |  |                                 |                     |                           |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2004-62907 03/05/2004   |   |  |  |                                 |                     |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/11/2008  |   |  |  |                                 |                     |                           |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No                           | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b>                                      | <b>SHEETS DRAWINGS</b>          | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| Verified and /KELAGINAMANE T<br>HIRIYANNA/<br>Acknowledged Examiner's Signature   |   | Initials                                     | JAPAN  | 1                               | 4                   | 1                         |
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| <b>TITLE</b><br>Epilepsy Model Animal   |   |  |  |                                 |                     |                           |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                                 |                     |                           |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                 |                     |                           |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                 |                     |                           |
|   |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                 |                     |                           |
|   |   |  | <input type="checkbox"/> Other _____                         |                                 |                     |                           |
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